

Opportunity Analysis Worksheet

Please complete this worksheet to identify opportunities for cost savings using forms automation and to assist in the development of a cost recovery analysis.

Section I

Tell us about you and your company.

Describe the Type of Business
(TPA,PPO,Hosp.,Insurance,etc.)

Company Name
Your Title

Write in Here

First Name MI Last Name

STREET ADDRESS

Address (cont.)

City State Zip Code -

Phone - - Fax - -

E-Mail

Tell us your thoughts and concerns on forms automation

Section II

Tell us about your data entry.

What is the name of your data entry manager.

First Name MI Last Name

How many data entry personnel are employed?

Are they full time data entry personnel? Yes

No

Company Wide

If no, percentage of time is data entry?

%

Write in Here

What is the estimated annual wage for data entry personnel?

\$ Yearly

What is the monthly overtime expense associated with data entry?

\$ Monthly

What is the average daily production of a data entry personnel?

Forms Per Day

Best Operator Per Day

sec./form New Operator Per Day

Describe the training procedure for new hire, include time frames.

Describe the problems with the current data entry, include backlog, accuracy, cost, etc.

Write in Here

Write in Here

Opportunity Analysis Worksheet, cont.

Section III

Tell us about your forms.

We currently use scanning Yes No

We currently key index Yes No

We're not scanning we manually file docs. Yes No

Form Quantity Received

--	--	--	--	--	--	--

Per Day

- Insurance
 Enrollment
 Claims
 Attachments
 Check all that Apply

Describe the form include name.

Write in Here

- EOBs
 HCFA/UBs
 Super Bill
 Pat.Demo

Are they one sided (simplex) or two sided (duplex)?

Simplex Mix

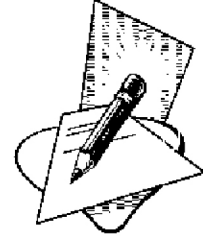
Duplex

Yes No

Rec. Put

Yes No

Yes No



Could you prepare a field description of whats keyed on each form for us?

Yes Sure

Do the forms come in with attachments?

Are the forms received in batch or put in batches?

Are the forms subject to a manual sort?

Is there a check received with the batch?

Section IV

Tell us about your HOST.

Director of IS Department

First Name

MI

Last Name

--	--	--	--	--	--	--	--	--	--

--

--	--	--	--	--	--	--	--	--	--

Describe your host system, where the output data from OCR will go.

Write in Here

Describe your experience with EDI.

- Medical Manager NT Windows
 Basys AS 400
 Eldorado Unix
 Texan RISC
 Medi Soft Other (please desc.)

check all that apply



Could you send us a sample batch of your forms for testing?

Yes Sure

We have...

- PC Network
 NT Server
 Windows 9x/2000
 Novell

Who supports your host system?

Do you have ODBC drivers for your host system? Yes No

Your internal staff is fluent in...

- Visual Basic SQL/Oracle C, C++
 ODBC DLL ASCII Uploads

We could develop internally an upload procedure to interface the output data into our host system.

Strongly DisAgree Somewhat DisAgree Don't Know Somewhat Agree Strongly Agree



HCFA UB Opportunities

Total HCFA received annually.

--	--	--	--	--	--

Total HCFA received per day:

--	--	--	--	--	--

Percentage Red:

		%
--	--	---

Percentage UB92s (if any):

		%
--	--	---

Percentage with attachments:

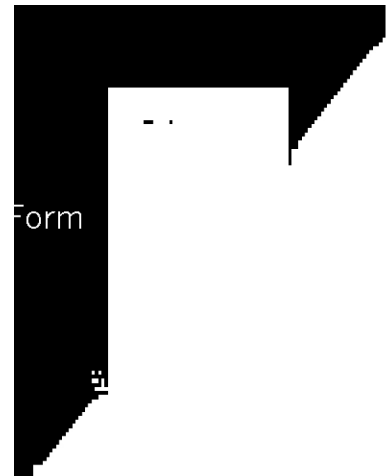
		%
--	--	---

Do you use attachments to adjudicate HCFA?

Yes No

Do your HCFAs have small perforated holes?

Yes No



What fields do you key from the HCFA?



<input type="radio"/> Ref.Physician	<input type="radio"/> Out Lab	<input type="radio"/> Data from Attachments
<input type="radio"/> OtherInsured	<input type="radio"/> Prior Auth.	<input type="radio"/> ResLoc
<input type="radio"/> Other Policy	<input type="radio"/> Units	<input type="radio"/> EMG
<input type="radio"/> OthDOB	<input type="radio"/> UPIN	<input type="radio"/>
<input type="radio"/> INSDOB	<input type="radio"/> Provider Add.	<input type="radio"/>
<input type="radio"/> Insurance Plan	<input type="radio"/> Insured Demo.	<input type="radio"/>

Describe the business process for provider membership matching.

Describe how you utilize batch controls.

Describe how attachments to the HCFAs are used during adjudication to ensure proper documentation per CPT Code.

Describe your concerns regarding HCFA form scanning.

HCFA UB Cont.

Attachment pages processing is the scanning of HCFAs and UBs with their attachments. The images are associated with the claims that precede them in scan order. You can assign document type to each attachment through auto identification exception handling. An operator will assign the attachment type to each live attachment image. The data file will contain the attachment image, the data from the preceding HCFA and the type of attachment. This may enable some companies to automate CPT matching to attachment type. This also enables companies to automate the indexing of HCFA document imaging. Attachment pages associated with UBs are identified as an attachment during verification with no attachment type matching, due to technology and document design limitations. This enables companies to automate indexing of UB document imaging.

Provider Matching and Membership Matching are custom visual basic applications developed for Customers to enable automation of data capture from the HCFA form. Tax ID numbers, combined with provider address information, captured by the forms processing system can be compared to existing Company Provider database, . Duplicate returns are enabled and clerical operators can assign provider matching with assistance from the rules based decision making system. Insured SSN can be compared in a similar way to cut the cost of capturing the insured data from the HCFA form.

With that said :)

Will there be the need for attachment page processing?

Describe your level of interest in Provider and Membership Matching..

attach if necessary

Describe your Provider database in terms of accessibility to Windows, redundancy and completeness.

attach if necessary

Thank you for taking the time to complete this form. Please remit the complete form to RecTec via one of the following:

Fax _____ email _____

This document is the proprietary intellectual property of RecTec Inc. and is intended for sole use of the afore mentioned party, unauthorized distribution or duplication is strictly prohibited; all rights reserved. Thank you for the opportunity to earn your business, unless otherwise noted please remit to:

RecTec Inc. PO Box 3068 Clearwater, FL. 33767 727-446-2600

RECTECINC.COM SUPPORT@RECTECINC.COM